Request For Funding Mortgage Default Counseling

Date:	
To: Murray Harding Murray.harding@adfa.arkansas.gov	From: Counseling Agency
Fax: 501-682-5939	Re: Client #
Subject: Mortgage Default Counseling For At each funding level indicate the docume counseling fees.	ee nentation retained at agency level to support the claim for
A. Level 1 Counseling - \$250.00 Application / intake for Personalized budget for Action Plan of recomm Other	rm
B. Level 2 Counseling - \$250.00 Copy of cover letter an Other	Workout Plan to Servicer nd workplan submitted to the mortgage servicer
Copy of partial claim of	Positive Outcomes offer from servicer ffer letter from servicer ffer letter from servicer ent showing arrearage has been resolved
D. Level 4 Counseling - \$200.00 Short-sale acceptance letter from servicer according to the control of the con	
that all cases have the proper do	ion is accurate to the best of my knowledge, and ocumentation to justify the level of funding being on will be submitted to ADFA upon request.
	Submitted By:(Name) Title & Date: